

SFSC 09-41002 RFQ Questions and Answers

Question #1: The 76K is a little more than half of what the funding currently is for the program. Does this include the county funding?

Answer #1: The \$76,603.12 (annual) funding which is posted is the amount funded through the Strong Families/Safe Children (state) source. In addition to these funds, \$75,190.00 In-Home-Care (county) dollars have been allocated in the FY'09 for the agency that receives the award.

Question #2: Are the eligible number of clients to be served for each service, annual numbers or are the 150 and 60 eligible clients to be served over the length of the contract?

Answer #2: The estimated number of eligible clients to be served, for each of the services, is for the period of the Agreement, which is the length of the contract.

RFQ NOTIFICATION SHEET
Contracts and Rate Setting Division

State of Michigan
Department of Human Services

Notice of a request for quotations is hereby given Pursuant to Act No. 124 of the Public Acts of 1999.

Amount: \$229,809.36 Not to exceed \$76,603.12 annually.	ITB Number DHS SFSC-09-41002
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Service Title:

Bid Description: Kent County - Family and Community Compact and Kinship Care Services

Due Date For Response: September 18, 2008 by 3:00 p.m.
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Contact Person Name: Michael Nowik	Phone #: (616) 247-6435
E-Mail Address: <u>nowikm@michigan.gov</u>	

*Indicates primary contact.

REQUEST FOR QUOTE (RFQ)
Cover Sheet
Michigan Department of Human Services (DHS)

Contract/RFQ Number: **SFSC-09-41002**

Bid Submission Due Date & Time: **September 18, 2008 by 3:00 p.m.**

Geographic Area to be Served: **Kent County**

Service Titles: **Family and Community Compact (FCC)**
Kinship Care Services

Anticipated Contract Begin and End Dates: **January 1, 2009 through September 30, 2011**

Method of Reimbursement: **X** Actual Cost Unit Rate

Maximum Annual Contact Amount: **\$ 76,603.12** per year

Issuing Office: Department of Human Services **Kent County DHS Office**

Contact Person: **Michael Nowik**

Telephone #: **(616) 247-6435** Fax #: **(616) 247-6100**

Email Address: **Nowikm@michigan.gov**

Pre-proposal Conference: (Date, time, location) **N/A**
(Please notify the contact person above if you plan on attending)

Bidder Questions Due Date & Time: **September 4, 2008 3:00 p.m.**

Submit 7 copies of the bid response and two (2) copies of the budget document, in a separate sealed envelope, to this address:

Kent County Department of Human Services		
DHS Office		
415 Franklin SE		
Street Address		
Grand Rapids	MI	49507
City	State	Zip

Bidders must submit any **questions** regarding the content of this RFQ by email, fax, or surface mail. DHS staff are not allowed to respond to questions (regarding the content of the RFQ) that are telephoned in. Questions may be discussed verbally at the preproposal conference, if one is scheduled. DHS will compile all written questions and answers from the preproposal conference as well as written questions and post these as well as any other clarifications or revisions to the initial RFQ onto the DHS RFQ website. Interested bidders are advised to monitor the website on a daily basis.

Bidders must submit all **bid responses** either in person or by surface mail. Bid responses which are faxed or emailed will not be considered for award.

Bid responses that exceed the maximum annual dollar amount indicated for the RFQ will not be considered for award.

Delays at the beginning of the first contract period will result in a prorating of the annual dollar amount. The contract amount for subsequent years will be dependent on DHS' availability of funds and service needs. The established price per unit of service will be in effect for the entire period of the contract.

To be considered, bid responses must arrive at the Issuing Office on or before the date and time specified above. Bidders mailing bid responses should allow normal delivery time to ensure timely receipt of their bid responses.

Awards made as a result of this RFQ will require execution of a contract with DHS. The contract will contain standard non-negotiable General Provisions. A copy of the General Provisions is available upon request.

Rating

All bid responses will be evaluated on the basis of rating criteria identified in the RFQ. Contracts will be awarded using a two-step process linking price and quality. The most recent audit of each bidder may be reviewed by DHS, at its discretion, to determine the bidder's fiscal viability. DHS may eliminate from the rating process any bidders that fail to pass this review. If the bidder has provided contractual services to DHS previously, DHS may consider reviewing monitoring and/or outcome information related to prior contracts.

Authority:	P.A. 2080 of 1939.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
Completion:	Mandatory.	
Penalty:	Contract Invalid	

BIDDER OVERVIEW

This Request for Quote (RFQ) package contains the following elements:

1. Cover Sheet
2. Description of Services for Bidder Response
3. Rating Criteria
4. Request for Quote Policy
5. Bidder Information and Instructions
6. Bidder Response Section
7. Cost Quotation
8. Budget Completion Instructions

Description of Services for Bidder Response

I. CONTRACTOR RESPONSIBILITIES

A. Geographic Area

The Contractor shall provide services described herein in the following geographic area: Kent County.

B. Location of Services to be Delivered

The Contractor shall provide services described herein in facilities located at:

To be determined.

C. Client Eligibility Criteria

1. Definition of Eligibility

To be eligible for Strong Families/Safe Children services under this Agreement, a client must meet one of the following:

- Families with an open DHS Children's Protective Service (CPS), Foster Care, Prevention, or Delinquency case
- Clients who have had an open DHS CPS, Children's Foster Care (CFC), Prevention, or Delinquency case within the past 18 months
- Families who have had a CPS investigation within the past 18 months

2. Determination of Eligibility

DHS shall determine eligibility and make all referrals.

D. Credentials and Employee Clearances

1. Credentials

The Contractor shall assure that appropriately credentialed or trained staff shall perform functions under this Agreement.

Provide a Coordinator who shall possess a Master Degree in a human services field such as sociology, social work, psychology, etc.

2. Employee Clearances

As a condition of this Agreement, the Contractor certifies that the Contractor shall conduct or cause to be conducted:

- a. For each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Agreement, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.
- b. For each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with children under this Agreement, a Central Registry (CR) check.
- c. For each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Agreement, a Central Registry (CR) check.
- d. For each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Agreement shall be required to timely notify the contractor in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, for each applicant for employment, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Agreement or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years, the Contractor shall require the applicant for employment, employee, subcontractor, subcontractor employee or volunteer to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, if they have, the nature and recency of the felony.

The Contractor further certifies that the Contractor shall not submit claims for or assign to duties under this Agreement, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Contractor that the results of a positive ICHAT, CR, NCIC response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services. Contractors may consider the recency and type of crime when making this determination.

The Contractor must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. Failure to comply with this provision may be cause for immediate cancellation of this Agreement. In addition, the Contractor must further have a written policy regarding acceptable screening practices of new staff members and volunteers who have direct access to clients and/or client's personal information, which serve to protect the organization and its clients that is clearly defined.

Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.

E. Services to be Delivered

Service #1 of 2: Family and Community Compact (FCC)

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Accept phone referrals from the Kent County DHS.
- b. Assign a FCC Coordinator who shall contact the referring DHS CPS worker within twenty-four (24) hours of receipt of the referral for any follow-up questions in response to the referral.
- c. Attempt to contact the parents within forty-eight (48) hours after the phone referral, preferably before the preliminary hearing. If no contact has been established by the hearing and the preliminary hearing, the FCC Coordinator shall continue to attempt to locate the parent(s) for seven (7) calendar days. If no contact is made, the FCC Coordinator shall refer the case back to the CPS referring worker by the eighth (8th) day. Document all attempted and actual contacts with the parents in the case record. When returning the case to DHS due to no contact with the family or lack of interest by the biological parents, a summary of all contacts and rationale for return of the case to DHS shall be provided.
- d. Meet with the referred parents to explain the FCC program. Special emphasis shall be placed on the differences between a FCC caregiver and a licensed foster parent, so the participant can make an informed decision at the onset of participation with the FCC program. If the parents are willing to participate, ask them to identify possible caregiver(s) and FCC participants; and to complete a FCC consent form and Kent County DHS Temporary Care Agreement. Provide the

parents with a FCC revocation form which explains their right to revoke and terminate their participation in the FCC process at any time.

- e. Gather all necessary data and acquire all releases of information to make the best assessment and evaluation of the case. Data shall include investigation reports written by DHS CPS workers (which are forwarded to the Contractor as soon as possible by the DHS CPS staff). This data also includes past psychological, social histories, school reports, etc.
- f. Attend any scheduled preliminary hearings and Family to Family meetings.
- g. Notify CPS if the parents do not agree to participate or later revoke their participation.
- h. Assist the CPS in the identification of an appropriate temporary care placement for the child(ren) until the FCC is convened. Temporary care options include placement with relatives, emergency foster care or the Kids First Program.
- j. With prior consent obtained from the parents, contact relatives to obtain identifying information, and establish tentative dates and times for the FCC meeting. Also contact professionals, and appropriately involved individuals regarding the date and purpose of the FCC meeting with the prior consent of the client. Professionals and involved individuals may include close neighbors and friends of the family, school personnel, staff from agencies providing services to the family, the family's minister, attorneys, etc. Document all attempted and actual contacts made in the case record.
- k. Schedule a FCC meeting within ten (10) calendar days of the first contact with the parents and invite all involved parties. Exceptions to this time frame could occur when a FCC meeting involves out of state participants and plans, and must provide written notice to DHS within the ten (10) day timeframe.
- l. Facilitate the FCC meeting at a mutually agreeable time and location, and ensure that the following items are completed:
 - 1. Gather information provided by professionals and relatives involved with the family;

2. Ensure that concerns about child safety are articulated, understood and examined by all participants in a way that maintains the strength and integrity of the family group;
 3. Maintain a neutral stance at the conference, except on the issue of ensuring the care and protection of children or any other person where there is a legal mandate to protect them.
 4. Identify FCC caregivers;
 5. Address other areas, including the development of support services for the caregivers, visitation plans for the parents and children, outcome goals, reunification, full/limited guardianship or adoption planning, and a contingency plan.
 6. Come to agreement and obtain signatures on the plan by all family members and the referring CPS worker. Signatures by the Contractor staff and by DHS staff on the plan indicate that the placement specified in the plan is acceptable to all parties. If the placement is not acceptable to all parties, the plan should not be signed. When either party is unable to sign the plan due to concerns about the placement, a meeting shall be held with the DHS supervisor liaison to the Kinship program to resolve the placement decision. Final decision on placement rests with DHS.
- m. Provide a written FCC report to the CPS worker within seventy-two (72) hours of the completed plan. This deadline may be extended by twenty-four (24) hours when the plan is completed on a Friday or Saturday. The FCC Report shall include:
- Dates and results of all attempted contacts from the date of referral to the kinship program
 - The Coordinator's assessment of the biological parents, the guardian, and the children from the date of the referral to the FCC Meeting
 - Steps the parent(s) needs to accomplish for the return of their child(ren)
 - An assessment of the biological parent's commitment to the goals set
 - An assessment of the guardian's commitment to the care of the child(ren) and to the biological parent's accomplishment of goals
 - A plan for referral of the biological parent for any needed services which includes the service needed, how the referral will be made, any barriers to obtaining the needed service and how they will be

resolved including who will do each step necessary to connect the parent with the needed service

- A plan for referral for needed services for the guardian which includes the services needed, how the referral will be made, any barriers to obtaining the needed service and how they will be resolved including who will do each step necessary to connect the guardian with the needed service
- A plan for referral for needed services for any child which includes the services needed, how the referral will be made, any barriers to obtaining the needed service and how they will be resolved including who will do each step necessary to connect the child with the needed service

n. Reconvene the FCC if needed for any reason.

o. Complete a comprehensive home study on the placement selected in the FCC meeting, even if placement is outside Kent County or out of state. The home study shall include the following:

- Basic information which may include, but is not limited to, name, address, phone
- Dates of contact with the guardian
- Documentation that a check was made by DHS CPS regarding criminal history (including contact with local law enforcement) and central registry for all adults living in the home. If any new information regarding criminal history or CPS history is discovered, the Contractor must notify the referring CPS worker as soon as possible. Any findings of criminal history and/or CPS history must be discussed with the referring CPS worker with the results of that discussion documented in the home study report.
- An assessment of the physical view of the home that is documented in regard to safety and appropriateness of placement. Any concerns regarding safety and/or appropriateness must be discussed with the referring CPS worker with the results of that discussion documented in the home study report.
- An assessment of the physical environment with respect to space, sleeping arrangements, housekeeping, maintenance of the home in regard to heat, clean running water, waste disposal, etc.
- An assessment of whether the child(ren) will feel comfortable in the home and neighborhood.
- An assessment of the family composition including a family social history, who lives in the home including their names, ages, and relationships,
- An assessment of the physical and mental health of the primary caretaker.

- An assessment of relationship between the guardian and the biological parent(s), the guardian and the referred children, and an assessment of ability of the child(ren) to be integrated into the guardian's family both short term and long term.
 - An assessment of whether the guardian is open to permanent placement of the child(ren) in their home if reunification with the parents does not occur.
 - An assessment of the guardian's ability to parent the child both in the short term and in the long term should that become necessary.
 - An assessment of whether there has been consensus to accept the child(ren) into the guardian's home.
 - An assessment of the discipline used within the home.
 - An assessment of the guardian's financial resources.
 - An assessment of the guardian's ability to meet the needs of the child(ren) in the areas of health (doctor, dental, mental health), education, social and recreational needs.
 - Documentation that three references for the guardian have been obtained and an evaluation of those references.
 - An assessment of the guardian's commitment to cooperate with the kinship program.
 - Assess any/all proposed alternate caregivers, identified by the family as possible caretakers for the children.
- p. Arrange for child placement in the selected kinship home if deemed appropriate after the comprehensive home study. If deemed inappropriate meet with the DHS Kinship liaison as soon as possible to resolve the placement decision. Final decision on placement is DHS.
- q. Provide an initial service plan to the DHS referring worker within thirty (30) days after the referral date. The initial assessment report shall include a family needs assessment, a child assessment and an extended family assessment. It shall be a thorough social work assessment and include:
1. Thorough assessment of each adult in the home who provides care to the children as well as a thorough assessment of the biological parent(s). The assessment shall include information about the marital/partner relationship, parent child(ren) relationship, guardian-child relationship, physical health, employment, mental status, intellectual capacity, and relationships with significant others in the family constellation.
 2. Thorough assessment of each referred child. The assessment shall include information about the child's relationship to each parent and to each sibling, the child's relationship to the guardian and the

guardian's immediate family members, each child's physical health, developmental status/schooling, mental status, and relationship with significant others in the family constellation. The assessment must include the guardian's and guardian's immediate family members response to the placement of the child(ren) in the home.

3. As part of this assessment, obtain appropriate releases of information and authorizations to obtain information about the family. Appropriate releases may be needed to obtain information such as past psychological reports, past medical history, past school reports, etc. from the family physician, the school, and other providers of service to the family.
 4. The support services to be provided by the Contractor and the referrals that shall be made to other agencies.
 5. A schedule of visitation for parents and children and between siblings when siblings are placed between/among multiple caretakers.
 6. The roles and responsibilities of family members, when appropriate.
- r. Documentation in the Initial Service Plan shall include the following:
- Identifying Information, including: Family Name, DHS Case Number, the Contract Agency Worker/s and the Referring Worker, Date of Referral, Date the Report was written, the date the report was typed, the date the report was approved by Contractor supervision and date the report was submitted to DHS
 - List of all "family" members associated with the case, such as: guardian's family members and biological parent(s) family members
 - Clearly identified record of contacts-including dates of all collateral and guardian family contacts, and biological parent(s) contacts, type of contact-phone, home call, etc, and specific reason for the contact, and a brief summary of the facts/information obtained during the contact. Include attempted contacts and scheduled, but uncompleted appointments
 - Presenting problem and reason for the referral both from CPS perspective and the family's perspective
 - Family Assessment including assessment details of all family members

- A summary of how the Service Agreement, specified below, shall work toward alleviating the reason for the finding of preponderance of evidence of child/abuse neglect.
 - A Service Agreement Treatment Plan for the guardian and a Service Agreement Treatment Plan for the biological parent(s). The Service Agreement shall be updated quarterly and submitted to DHS with the Updated Service Plan. The family's involvement shall be clearly documented by the signature of the parent(s) on the Service Agreement and by the Service Agreement being written in plain and clear language, which the family understands. The Service Agreement shall include goal statements that address the problem areas identified in the family assessment and address the reasons for the finding of preponderance of evidence of child abuse/neglect by CPS. Goals shall be few, stated clearly and succinctly, and shall be realistic and achievable in a reasonable amount of time. Each treatment plan should be signed by the appropriate party, including but not limited to the guardian and the FCC worker and the biological parent and the Contractor worker.
- s. Facilitate linkages to local agencies/services to respond to kinship caregivers needs.
- t. Schedule and facilitate a meeting to review the compact ninety (90) days after the initial assessment report. Contractor staff, parents and caregivers shall attend the review meeting.
- u. Maintain a record keeping system for files of all families referred to the FCC/Kinship Program.
- v. Consult with other community professionals, as appropriate.

2. Volume of Service

Clients - The estimated number of eligible clients to be served during the period of this Agreement shall be: 150.

Unit Definition(s): One unit equals one family receiving FCC services.

Number of Units: The estimated number of units to be provided during the term of the Agreement shall be: 150

Service #2 of 2: KINSHIP CARE SERVICES

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Provide kinship care services to the children and the parents, which shall include:
 - 1) Collecting, compiling and maintaining accurate emergency and other resource information for utilization by kinship families.
 - 2) Supporting kinship families as they work toward goals specified in the compact and treatment plan. Specific support services provided shall be tailored to the needs of the particular family, as written into the treatment plan. This shall include services to the parent when reunification is a treatment goal.
 - 3) Providing payment for kinship family expenses incurred while caring for children receiving Kinship Care Services, if these items are not available through other funding sources and the item will assist in meeting treatment plan goals. Specific Assistance funds shall be available for items necessary to meet the clients' needs as identified in the treatment plan. The Contractor must provide acceptable supportive documentation and receipts for all items billed to the Agreement. Specific Assistance funds shall average \$300.00 per family. The funds shall have two levels of approval (worker and supervisor) by DHS staff.
 - 4) Monitoring the visitation schedule between parents and children. The FCC Coordinator shall observe the initial visit between the parent(s) and the child(ren). Based on that observation, the case record shall indicate how visitation shall proceed including the schedule for visits, whether they will be supervised, who will supervise, whether the parent(s) needs transportation assistance to facilitate visitation and how transportation assistance will be provided if needed.
 - 5) Serving as a referral advocate for kinship families needing technical assistance in accessing community resources key to healthy functioning.
 - 6) Assisting the families in applying for guardianship. FCC agency could be responsible for paying fee when fee is not paid by the court.

- 7) Providing support and assistance with negotiations/meetings involving other community service programs when appropriate.
 - 8) Maintaining and providing information or training in self-advocacy rights and services for kinship families.
 - 9) Conducting weekly visits at the onset, bi-weekly visits after the ninety (90) day review, and monthly visits through the first year as directed by a FCC agreement and caregiver plan. Exceptions shall be considered with prior written approval from DHS for out-of-state placements.
 - 10) When the parents and children are ready for reunification, develop a detailed reunification plan that shall include:
 - A gradual process for integrating the child(ren) back into the parental home.
 - A plan to check on the child(ren) during the initial extended visits home before actual reunification has occurred.
 - A plan for supportive services after reunification with the contractor providing support for at least ninety (90) days from the date of return home of the child(ren). If at the end of ninety (90) days, there are any concerns by the Contractor regarding reunification, a meeting shall be held with the DHS liaison to determine whether the support should be extended for an additional ninety (90) days or whether the children should be placed out of home.
 - 11) Completing project assessment forms, progress notes and quarterly reports as required.
 - 12) Collecting and compiling information for quarterly reports.
 - 13) Providing limited transportation for kinship families, where appropriate.
 - 14) Notifying CPS immediately if there is a case disruption.
 - 15) Attending the court hearing, supporting the caregiver and providing testimony as needed when a parent wants to rescind the guardianship.
- c. Complete and submit to the DHS Kinship liaison supervisor quarterly progress reports within ten (10) working days after each ninety (90)

day period following the initial assessment report. At a minimum these reports shall include:

- 1) Record of all contacts with guardian, biological parents, the children, and collateral contacts made during the period covered by the report.
 - 2) Progress by guardian family and biological parent family made toward treatment goals and objectives stated in narrative form. Any barriers to progress should be identified along with the efforts made to remove those barriers.
 - 3) Major activities and accomplishments during the quarter for the biological parent, for the guardian, and for the children.
 - 4) Problems encountered during the quarter or expected in the future for the biological parent, the guardian, and for the children.
 - 5) Documentation of the current situation of the biological parent and the current situation of the guardian family and the children. Each of these should include an assessment of the level of functioning and an assessment of the well –being of each family individually.
 - 6) Recommendations for service for any of the case member's and their response to those recommendations. Include specifics of where the referral was made, how the family member's connection to that service was to be made, any barriers to service, how those barriers were addressed, and whether service is being received. Evaluation of the service received should be provided from the family member's perspective, but also from the service provider's perspective whenever possible.
- d. Prepare formal family court reports and testify in family court when deemed necessary by Kent DHS or the court. Provide necessary written court reports, including one (1) copy of each report for the DHS CPS and four (4) copies of each report for the family court. Deliver each report to the DHS CPS worker at least three days before any court hearing.
- e. Schedule and facilitate a termination meeting with parents (when available) and relatives prior to case closure.

- f. Complete a termination report and send the report to the DHS liaison Kinship supervisor within thirty (30) days of closing the case. The termination report must include:
 - 1) Record of all biological parent, guardian, child and collateral contacts made during the period covered by the report.
 - 2) Progress made toward treatment goals by all parties stated in narrative form.
 - 3) The current family situation of the children, guardian, and biological parent(s) including the level of functioning and an assessment of the well-being of the children individually.
 - 4) Clear statement of goal achievement with evidence that goals were obtained using concrete examples.
 - 5) Any recommendation made to the biological parent(s) and/or the guardian family for follow-up services.
- g. Maintain progress notes for each case that includes the number of hours spent with the family, a record of all contacts and collateral contacts, a brief synopsis of those contacts, documentation for any significant interventions or progress made by the family, any barriers that need to be addressed and resolved, efforts made to resolve barriers, and documentation of any referrals made to community resources.
- h. Maintain a record keeping system for files of all families served by the FCC/Kinship Program.

2. Volume of Service:

Clients: The estimated number of eligible clients to be served during the period of this Agreement shall be: 60

Unit Definition: One unit equals one family receiving kinship care services.

Number of Units: The estimated number of units to be provided during the term of this Agreement shall be: 60

REQUEST FOR QUOTE - RATING CRITERIA

The total maximum number of points that a bid can receive equals 100 points. The maximum number of points for each of the four categories is as follows:

I.	Bidder's Experience/Qualifications	35 points
II.	Program Implementation (Work Plan)	35 points
III.	Availability/Accessibility	15 points
IV.	Fiscal Resource Allocation	15 points

Total points available:	100points
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I. Bidder's Experience/Qualifications

A. Agency

1. Has bidder ever performed these or similar services comparable to the services being bid for DHS or another purchaser?

Considerations:

- How recently were services provided and for what duration?
- Were there previous contracts with DHS?
- Were the principle characteristics of target population serviced comparable and relevant to the services being bid?
- Has the bidder documented successful outcomes for clients as a result of services provided?

2. To what degree is experience with other similar services relevant to the service(s) being bid?

3. Has the bidder demonstrated the ability to collaborate with, or otherwise utilize, relevant community system resources to enhance outcomes for clients:

B. Staff

1. Do the position descriptions and resumes indicate that direct service staff possess educational credentials, knowledge, skills, attributes, and other characteristics that qualify them to provide these services?

Considerations:

- Length of experience
 - Similarity of experience to services to be required
 - Are salary schedules commensurate with job descriptions and requirements?
2. Does the bidder describe an acceptable level and structure for supervision with regard to the following?
- Amount of supervisory time dedicated to this project.
 - Number of staff and programs for which each supervisor is responsible.
 - Availability of supervisor for emergencies and during non-traditional hours (where appropriate).

Considerations:

- Length of experience
 - Length of supervisory experience
 - Similarity of experience to services to be required.
 - Is supervisory staff required to have an appropriate level of direct care experience?
3. Does the bidder have management and administrative support personnel sufficient to produce a satisfactory level of performance?

Considerations:

- Similarity of direct experience to services to be required.
- Length of experience.
- Is there a sufficient number of management and administrative support personnel adequate to produce a satisfactory level of performance?
- Will the service provided correspond to DHS' needs?
- Does current management and administrative staff have appropriate previous work experience in human service administration?

C. Education and Training

1. Are educational requirements appropriate for each of the following types of staff?
- Direct Services
 - Supervisory

- . Administrative
2. Is the bidder's training program for new staff acceptable with regard to the number of hours of training, and the training curriculum?
 3. Is the training scheduled in a manner that assures new staff shall have appropriate skills prior to service delivery.
 4. Does the bidder provide an acceptable level of training for on-going staff with regard to frequency, number of hours, and determination of topics relevant to services and staff needs?

D. Performance ("Purchaser" may refer to DHS or other entities.)

1. Were the services monitored by the purchasing agency? Was there documentation provided in a monitoring report regarding quality of service?
2. Were the terms of the agreement(s) fulfilled satisfactorily? (Was objective, supportive, documentation from the purchaser provided?)
3. If not, did the bidder submit and implement a corrective action plan that met the needs of the purchaser?

II. Program Implementation (Work Plan)

A. Service Delivery

1. Does the bidder's work plan demonstrate an understanding of service objectives?
2. Does the bidder demonstrate ability to fully implement all aspects of the service design?
3. Is the work plan clear and detailed?
4. Does the work plan describe an approach that integrates service delivery to the client population in a way that assures achievement of goals for the client population?
5. Is the bidder's plan for addressing the needs of a diverse client population adequate with respect to:
 - . Transportation needs
 - . Client characteristics
 - . Physical disabilities

- Language difficulties
 - Cultural concerns
6. If applicable, does the bidder describe an effective approach for notifying prospective clients of service availability? Has the bidder been responsible for notification of service availability in the past:
 - For this or other programs.
 - To a similar target population.
 7. Does the bidder describe an effective approach for attracting and maintaining a high degree of client participation and investment in the program?
 8. Does the proposal include documentation that past efforts at client engagement were successful?
 9. If the bidder is responsible for determination of client eligibility, is the process for determination appropriate, and does it include appropriate documentation?
 10. If the bidder is responsible for assessment of client needs, is the assessment process well defined and appropriate? Client centered? Does the bidder perform pre and post evaluative testing?
 11. Does the work plan demonstrate that the bidder shall be able to make initial contact with clients within the required time period?
 12. If the bidder is responsible for the development of client treatment plans:
 - Is treatment plan development integrated with the assessment process?
 - Do clients participate in treatment plan development?
 - Does the bidder demonstrate that treatment plans shall be individualized to the needs of each client/family?
 - Does the bidder provide documentation that they have a history of completing assessment and treatment plan development in a timely manner?
 13. Does the bidder demonstrate that treatment plans will help clients achieve the goals of the overall program?
 14. Does the bidder demonstrate successful collaborative working relationships with other relevant community systems by:

- Identifying resources within the community that are available to assist the family?
 - Does the bidder describe established formal and informal working relationships with relevant community agencies and staff? Was there documentation of ability to advocate and secure resources for clients?
15. Did the bidder demonstrate that past service contract and reporting deadlines were met?

B. Staffing

1. Does the proposed organizational chart describe appropriate lines of supervision and authority to assure efficient delivery of service and contract compliance?
2. Does bid response include appropriate position descriptions for executive/administrative staff, management/supervisory staff, direct-care-staff, and other supportive personnel?
3. Does the bidder identify an adequate plan to assure an appropriate level of staff screening?
4. Does the bidder have an acceptable turnover rate for direct care staff?
5. Does the bidder have an acceptable plan in place to address continuation of service when staff turnover occurs?

III. Availability/Accessibility

- A. Does the bid response adequately describe how the bidder will identify the client population?
- B. Does the bidder have an adequate plan for informing eligible clients of the availability of their services? Is the bidder reasonably accessible to the client population during non-traditional service hours?
- C. Does the bid response adequately describe how bidder will provide outreach services?
- D. Is the bidder able to provide services at times when most clients can access them?
- E. Transportation
 - Is the bidder located close to public transportation?

- Is the bidder's plan for arranging/providing client transportation feasible and appropriate?
- F. Does the bidder make adequate provision for client transportation needs?
- G. Are the bidder's facilities and services easily accessible to clients with disabilities?
- H. Is the facility large enough to meet the demand for services in the geographic area?
- I. Is the bidder's plan for addressing client language barriers feasible and appropriate?
- J. Does the bidder have an appropriate plan for serving clients with physical disabilities?
- K. Is the bidder's plan for use of specific assistance funds reasonable and appropriate to achieve program goals?

IV. Fiscal Resource Allocation

- A. Does the bid response demonstrate that the bidder's resources can provide a consistent capacity to sustain an adequate level of service throughout the life of the agreement (including staffing, communication, resources, and the described facility [both location and size])?
- B. Is supervisory and administrative support adequate with respect to:
 - Consultation
 - Back-up
 - Span of control
- C. Are the number of direct-care staffing hours adequate to deliver the level of needed service, as identified in both the fiscal and narrative portions of the bid response?
- D. Are the resources (budgeted details such as salaries, occupancy, communication, supplies & equipment, transportation, contracted services, and miscellaneous) reasonable to accomplish the bidder's work plan, and reasonably adequate to provide a consistent level of service throughout the life of the agreement?
- E. Are the resources identified in the narrative portion of the proposal consistent with those in the budget?

- F. Does the proposal specifically identify what resources the bidder has available and how it will utilize (all) those resources to facilitate 24/07/365 accessibility (i.e., staffing allocation; communication; transportation, community contacts, etc.)?
- G. Is the quantity of resources appropriate and reasonable for the level of proposed services? Do they match?
- H. Has the bidder identified other funding and/or donated or non-cash resources to support services and use the funding efficiently?
- I. Has the bidder documented sufficient match to meet state and/or federal requirements?
- J. Does the bid response include unallowable costs that will impact the ability of the bidder to implement the work plan?
- K. If the bidder provides in-kind, do they demonstrate a dependable, consistent source of in-kind funding?

V. Price Competition

Competitiveness in pricing will be determined using a formula that will divide the lowest bid price (from that region) by the bidder's price, and then multiply that by the bidder's initial score, determined through the above rating criteria.

REQUEST FOR QUOTE POLICY

General Information

This Request for Quote (RFQ) provides interested bidders with sufficient information to prepare and submit proposals for consideration by the Department of Human Services.

1. Contract Award

Contract award negotiations will be undertaken with those Contractors whose bid responses, as to price and other factors, show them to be qualified, responsible, and capable of performing the work.

The contract entered into will be that contract most advantageous to DHS, price and other factors considered. DHS reserves the right to consider bid responses or modifications thereof received at any time before award is made, if such action is in the best interest of DHS.

If a contract is awarded, the selected bidder will be required to comply with standard, non-negotiable General Provisions, which will be a part of the contract.

2. Rejection of Bid Responses

DHS reserves the right to reject any and all proposals received as a result of this RFQ, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interest of DHS. This RFQ is made for information or planning purposes only. DHS does not intend to award a contract solely on the basis of any response made to this request or otherwise pay for the information solicited or obtained.

3. Incurring Costs

The State of Michigan is not liable for any cost incurred by the Contractors prior to issuance of a contract.

4. Inquiries

Questions regarding content of this RFQ must be submitted in writing to the Issuing Office. All questions must be submitted on or before the date and time specified on the cover sheet.

5. Amendment to the RFQ

In the event it becomes necessary to revise any part of this RFQ, addenda will be posted to this website.

6. Response Date

To be considered, bid response must arrive at the Issuing Office on or before the date and time specified in the cover sheet. Bidders mailing responses should allow normal delivery time to ensure timely receipt of their bid responses.

7. Bid Response

To be considered, bidders must submit a complete response to this RFQ, using exclusively the format provided in the "Bidder Response to DHS". Bid Responses must be signed by an official authorized to bind the bidder to its provisions. The bid response must remain valid for at least 90 days.

8. Acceptance of Bid Response Content

The contents of the bid response of the successful bidder may become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award.

9. Economy of Preparation

Bid Responses should be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFQ.

10. Prime Contractor Responsibilities

The selected Contractor will be held accountable for all services offered in the bid response. Further, the State will consider the selected Contractor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

11. News Releases

News releases pertaining to this RFQ on the service, study, or project to which it relates will not be made without prior State approval, and then only in coordination with the Issuing Office.

12. Disclosure of Proposal Contents

Bid Responses are subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442).

13. Independent Price Determination

- a. By submission of a bid response, the bidder certifies:
 - 1) The prices of the bid response have been arrived at independently without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - 2) Unless otherwise required by law, the price quotation in the bid response has not and will not be knowingly disclosed by the bidder to any potential bidder;
 - 3) No attempt has been made or will be made by the bidder to induce any other person or agency to submit or not to submit a bid response for the purpose of restricting competition;
 - 4) The price quoted is not higher than that given to the general public for the same service.
- b. Each person signing the bid response certifies that:
 - 1) She/he is the person in the bidder's organization responsible within that organization for the decision as to prices being offered in the bid response, and that she/he has not participated, and will not participate in any action contrary to a. 1 through 4 above; or
 - 2) She/he is not the person in the bidder's organization responsible within that organization for the decision as to the prices being offered in the bid response, but that she/he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to a. 1, through 4 above, and as their agent does hereby so certify; and that she/he has not participated, and will not participate in any action contrary to a. 1 through 4 above.
- c. A bid response will not be considered for award if the bidder is found to be noncompliant with any part of section 13 unless the bidder furnishes with the bid response a signed statement which sets forth in detail the circumstance of the disclosure and the Issuing Office determines that such disclosure was not made for the purpose of restricting competition.

BIDDER INFORMATION

1. To receive reimbursement from the State of Michigan, a Contractor must be registered as a vendor on the Michigan Accounting and Information Network (MAIN)

To register on MAIN:

- Click on <http://www.cpexpress.state.mi.us>
 - Follow directions.
2. **Proof of public liability insurance** must be provided to DHS prior to the time the contract is executed (issued).
 3. If portions of the services are being subcontracted, the bidder must identify the services the subcontractor will perform and provide all information requested, (including a budget) as it applies to both the bidder and the subcontractor(s).

A contractor is responsible for the performance of any subcontractors who are held to the same standard of quality and performance as the contractor. Raters of bid responses will consider the qualifications of both the contractor and subcontractor when making contract award recommendations.

4. In completing the bidder response, please note the following:
 - The bid response should be paginated, except for attachments
 - Font size should be 12 or larger
 - Observe restrictions on number of pages, if any are noted. Restrictions do not include resumes, position descriptions, organizational charts or other attachments.

BIDDER RESPONSE SECTION

1. Bidder Name:

2. Bidder Mailing Address:

Bidder E-mail Address:

Bidder Fax Number:

3. Bidder Mail Code: (Identified when registering on **MAIN**. See previous page)

4. Type of Organization: (Check one). Individuals are private proprietary.

private, non-profit

private, proprietary

public

university

5. Bidder's fiscal year begin date: (day and month)

6. Bidder's representative who is the authorized negotiator for the bidder.

(Name)

(Telephone Number/Email)

7. Statement of Intent

The bidder hereby assures that the Request for Quote has been reviewed by the organization's governing body and that body has authorized submission of a bid response; that the person identified above as "bidder's representative who is the authorized negotiator" has been authorized by the governing body to represent the organization for the purposes of the submission of a bid response and contract negotiation; and that the organization intends to provide services according to the information contained in this Request for Quote, if selected and funded to do so.

Signature of Organization
President or Director

(Date)

Typed Name of Organization
President or Director

(Date)

I. Bidder's Experience/Qualifications

A. Agency

1. Describe these or similar services comparable to the services being bid for DHS or another purchaser. Please include the following:
 - Dates and duration of service provided.
 - Brief description of service(s) provided.
 - List all contracts with DHS that have been in place within the past 5 years.
 - Principle characteristics of the target population for whom the service was provided.
 - Documentation of successful outcomes for clients as a result of services provided.
 - If similar service, describe degree of similarity and how this service qualifies your agency to provide this service to DHS.
 - Name, email address, and telephone number of a contact person for each individual or agency for whom service was provided.
2. Describe how your agency successfully collaborates with other relevant community systems working to improve outcomes in the community for the targeted population in the RFQ.
3. Provide a list of all contracts with DHS that have been in place for the past five years.
4. Provide addresses of location(s) where the bidder will provide the proposed service(s)

B. Staff

1. Provide job descriptions for all positions charged in the price quotation that indicate staff possess the educational credentials, knowledge, skills, abilities and other characteristics that qualify them to provide proposed services. Please include the following:
 - Length of experience needed.
 - Similarity of staff experience in the area of the proposed services.
 - For each job description provide a salary schedule including all automatic and/or merit pay increases individuals will be eligible to receive during the term of the contract.

2. Provide resumes for any current staff charged in the price quotation that indicate these specific staff possess the educational credentials, knowledge, skills abilities and other characteristics that qualify them to provide proposed services.
3. Complete the staffing allocations and qualifications form, CM-011, Bidder Response: Staffing Allocations and Qualifications at http://www.michigan.gov/documents/CM-0011_162116_7.doc
 - Titles used in this attachment must match titles used elsewhere in narrative.
 - For each position, list the number of hours and number of weeks to be committed to the services being bid.
4. Describe your agency's supervision structure and plan with regard to the following:
 - Amount of supervisory time dedicated to this project.
 - Number of staff and programs for which each supervisor is responsible.
 - Availability of supervisor for emergencies and during non-traditional hours (where appropriate).
 - Supervision plan for direct care staff.
 - If any, supervision plan for staff team.
5. For your agency's supervision staff, provide the following:
 - Length of experience in direct service provision in proposed or similar services.
 - Length of supervisory experience.

C. Education / Training

1. Describe your agency's training program for new staff. Include the number of hours of training, and the training curriculum. Explain how new staff training equips staff for the provision of proposed services.
2. Describe your agency's level of training for on-going staff with regard to frequency, number of hours, and determination of topics relevant to services and staff needs. Explain how on-going training equips existing staff for the provision of proposed services.

D. Performance ("Purchaser" may refer to DHS or other entities.)

1. Provide previous monitoring reports for this or similar service purchased by DHS or others.
2. Provide any corrective action plans with documentation of implementation and proof that purchaser was satisfied by the corrective actions taken.
3. If no previous monitoring reports, provide concrete, objective evidence that the purchaser of this or similar services was satisfied.

II. Work Plan (Program Implementation)

A. Service Delivery

1. In narrative form, please describe how you would implement the program described by DHS.
 - Program Implementation
 - Once the contract is awarded, describe how long it will be before your agency will be able to provide service (Please be specific, e.g. 30 days, 45 days, etc.)
 - Describe the methodology used to determine the amount of staff time (both management and direct) needed to fulfill the terms of the service as described.
 - Describe the manner in which your agency will interact with the following organizations involved with the client's plan of treatment: Court, DHS, and other agencies.
 - Target Population

Describe the needs and strengths of the targeted population and its impact on service delivery. Include how your service delivery is tailored to respond specifically to the client population with respect to:

 - Transportation needs.
 - Client characteristics.
 - Physical disabilities.
 - Language difficulties.
 - Cultural concerns.
 - Other.
 - Work Plan
 - Provide a description of how the specified service(s) would be provided to client(s).
 - Include each step, process or activity a typical client(s) would encounter in successfully completing this service, and how these steps contribute to client goal achievement, and program success.

- Include evidence of your ability to meet time frames required in the RFQ. If no required time frames, indicate anticipated time frames, with rationale for them.
 - Include a program flow chart if desired.
 - Include the total anticipated duration of service for each client, the frequency of contacts, and time spent with client during each contact.
2. If applicable, describe your agency's approach to notifying prospective clients of service availability. Describe past efforts for notification of this or similar service availability to a similar target population. Provide documentation that such efforts were successful in attracting the number of clients targeted to be served.
 3. Describe how your agency will attract and maintain a high degree of client participation, engagement, and investment in the program. Provide documentation that past efforts to engage clients were successful. Include agency's ability and plan to provide this service during non-traditional service hours.
 4. If applicable, describe your agency's method for determining client eligibility.
 5. Describe your agency's method for determining client assessment. Please include any formal tools or methods used.
 6. If applicable, provide a description of how the treatment plan is developed, including a sample treatment plan based on common characteristics of the targeted population. Explain how the treatment plan contributes to client's achievement of the client's individual goals and to the goals of the overall program.
 7. Describe how the agency collaborates with other relevant community systems and resources through:
 - Identifying resources within the community that are available to assist the family.
 - Connecting the family to those identified resources.
 - Advocating with the client for needed services or resources.
 8. Documentation and timeliness of Reports
 - Provide procedures in-place to meet service contacts and reporting deadlines.
 - Describe your procedures for case review of reports.

- Document your success in the past at meeting service contacts and reporting deadlines in this or in similar services provided.

9. Continuation of Service Plan

- Describe your agency's plan for continuation of service when staff turnover occurs.

B. Staffing

1. Provide organizational chart that includes proposed service, making sure that position titles match title designations in bid and budget.
2. Provide your agency's plan for staff screening in regard to criminal record checks and central registry clearance for employees who will have any direct contact with children.
3. Turnover Rate
 - Using the matrix and formula below, provide your agency's turnover rate for the listed job categories for the past three years:

FORMULA
$$\frac{\text{Total \# of those who left over period} \times 100}{\text{Average total \# employed over same period}}$$

Category	2006	2005	2004
Managerial/Supervisory			
Direct Service			
Total staff (including support)			

The total # of leavers includes all leavers: voluntarily, involuntarily due to dismissal, retirement, etc.

Example: In 2006, in an organization with a total staff of 47 employees, 5 employees leave. The total number of leavers then is 5, which when multiplied by 100 equals 500. This is divided by the average total number employed for this period of time (45), which results in an 11% turnover rate for total staff.

- Provide commentary regarding your agency's turnover rate
 - Explanation of past turnover rate.
 - Anticipated future turnover rate.
- Describe systems in place to encourage staff retention.

III. Availability/Accessibility

- A. Specify your agency's normal hours of operation.
- B. Indicate your agency's ability and willingness to provide additional hours at other times or days if necessary.
- C. If required, describe how your agency would provide 24/7/365 accessibility to clients. (i.e., staffing allocation, communication, transportation, etc.) Be sure to include whether the client has access after hours to their identified worker.
- D. Identify each location where services will be provided. Include the street address, city, and zip codes for all locations.
- E. Using Attachment C (Availability/Accessibility to Clients) identify your agency's location in relation to public access.
- F. Describe your agency's plan for arranging and/or providing client transportation.
- G. Describe your agency's ability to provide outreach services in clients' homes or mutually agreed-upon locations if this is requested in the service description.
- H. Describe your agency's ability to respond to crisis situations.
- I. Do your agency's facilities and services allow/encourage participation by clients with disabilities? Are facilities accessible by wheelchair? Are restrooms accessible, etc.?
- J. Describe the size of your facilities and how that impacts your agency's ability to meet the demand for services in the geographic service area.
- K. Describe your agency's process for addressing client language barriers.
- L. Describe your agency's plan for use of specific assistance. How will it be used and when?

IV. Budget Completion/Fiscal Resource Allocation

Complete the following Price Quotation sheet and a Budget Statement (CM-468) and Budget Detail Sheets (CM-468A) (http://www.michigan.gov/documents/CM-468ex_15681_7.xlt) in accordance with instructions. The bidder should complete the Budget forms only for the first 12 months if the bid response is for a multi-year period.

The bidder should submit price quotation and budget in an envelope separate from the rest of the bid response.

- If the initial period of the contract is for less than 12 months, a prorated contract amount will be calculated accordingly.
- The price established and approved by DHS will be in effect for the entire period of the contract and cannot be changed during that time.

Budget Narrative

Use the attached template, Resource Grid (CM-0043) www.michigan.gov/documents/CM-0043_162118_7.doc to provide a narrative description of all resources the bidder requires to meet the requirements of the contract. Please be as brief as possible, while including all pertinent information.

1. Itemize (without indicating actual dollar amounts) the types of employees benefits offered, the square footage of each facility, supplies, travel mileage and other resources included in your budget. Be as specific as possible and quantify all resources whenever possible.
2. If resources will be provided through another source, identify the source and type of funds to be used. All match and in-kind funding should be identified and explained.

This information will be used to determine whether or not the resources included in the price quotation are adequate to provide the services DHS wishes to purchase as stated in the RFQ. The budget narrative will be compared to the price and budget documentation for each bid response submitted by an individual specifically assigned to conduct a fiscal review.

NOTE: Do not include figures that would indicate the dollar amount of bid response or unit cost in this section. Dollar amounts should be stated in the sealed price/budget portion of your response.

PRICE QUOTATION
Michigan Department of Human Services

BIDDER NAME:

Use this form to state the price offered to DHS for the service to be provided. The price quoted is to be per unit of service as defined in the service description in the RFQ and extrapolated from the budget information provided. Please identify the service being bid, using the title as shown in the RFQ.

Service #1 (Name of Service):

a. Unit Definition:

b. Price per unit of service: ____/unit

Service #2 (Name of Service) (if applicable):

a. Unit Definition:

b. Price per unit of service: ____/unit

Service #3 (Name of Service) (if applicable):

a. Unit Definition:

b. Price per unit of service: ____/unit

Service #4 (Name of Service) (if applicable):

a. Unit Definition:

b. Price per unit of service: ____/unit

Bidder: Submit this form in a separate envelope with the budget. Complete only if bidding on a multiple service unit rate contract.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

BIDDER RESPONSE: STAFFING ALLOCATION AND QUALIFICATIONS

Michigan Department of Human Services

Bidder Name (1)	
County	Type of Service

CATEGORY	POSITIONS/TITLES (3)	RATE/ HOUR	HOURS/ WEEK (providing this service solely)	# OF WEEKS	QUALIFICATIONS
(2) MANAGERIAL/ SUPERVISORY					
DIRECT SERVICE					
SUPPORT STAFF					

- (1) Please provide information on staffing only for services to be provided for the request for quote/contract.
- (2) Managerial/supervisory refers to administrative positions. If a position is both administrative and direct service, place the position in whatever category the bulk of the individual's time will be spent.
- (3) Use same titles in narrative as on this page.

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RESOURCE GRID

MICHIGAN DEPARTMENT OF HUMAN SERVICES

* Do not include dollar amounts.

** List any match resources your agency will be providing and the fund source of that match.

Resource	Description
Employee Fringe Benefits (FTEs by position)	
Occupancy (square feet and number of Facilities)	
Communications (fax, telephone, number of lines and phones)	
Supplies (general, program, duplicating)	
Equipment	
Local Transportation (number of miles for client transportation)	
Contractual Services	
Specific Assistance to Individuals	
Miscellaneous	

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Availability/Accessibility To Clients
Michigan Department of Human Services

PLEASE CHECK THE BOX THAT MOST CLOSELY DESCRIBES YOUR AGENCY'S LOCATION IN RELATION TO PUBLIC ACCESS.	
Within 0 – 1 block of public transportation	<input type="checkbox"/>
Within 1 – 2 blocks of public transportation	<input type="checkbox"/>
Within 2 – 3 blocks of public transportation	<input type="checkbox"/>
Greater than 3 blocks from public transportation	<input type="checkbox"/>
Are your facilities easily accessible to clients with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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